



Enter and View Report

Countess of Chester Hospital



Accident and Emergency Department

Thursday 21st November 2024

Saturday 23rd November 2024

Monday 25th November 2024

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Report Details

Address	Countess of Chester Hospital NHS Foundation Trust Countess of Chester Health Park Liverpool Road Chester CH2 1UL
Service Provider	Countess of Chester Hospital NHS Foundation Trust
Date of Visit	Thursday 21 st November - 5pm until 8pm Saturday 23 rd November - 12pm until 3pm Monday 25 th November - 9am until 12pm
Type of Visit	Announced (See methodology on page 5)
Representatives	Thursday 21 st November - Mark Groves, Jodie Hamilton, Tricia Cooper, Diane Brown Saturday 23 rd November - Tricia Cooper, Jem Davies, Jenny Lloyd, Jenny Young Monday 25 th November - Mark Groves, Jenny Lloyd, Jem Davies, Corinne Shaw
Date and detail of previous visits by Healthwatch Cheshire West	Thursday 7 September 2023 - 5pm until 8pm Saturday 9 September 2023 - 12pm until 3pm Monday 11 September 2023 - 9am until 12pm

Acknowledgements

Healthwatch Cheshire West would like to thank the service provider, patients, visitors and staff for their contribution to the Enter & View Programme.

Disclaimer

This report relates to findings gathered on specific dates of visiting the service as set out above. Consequently, the report is not suggested to be a fully representative portrayal of the experiences of all the patients and family members or staff but does provide an account of what was observed and presented to Healthwatch Cheshire Authorised Representatives (ARs) at the time of the visit.

This report is written for Healthwatch Cheshire West using the information gathered by the Enter and View Authorised Representatives named above who carried out the visit on behalf of Healthwatch Cheshire West.

What is Enter and View?

Healthwatch Cheshire is the local independent consumer champion for health and care services, forming part of the national network of local Healthwatch across England.

Under the Local Government and Public Involvement in Health Act 2007, local Healthwatch have the power to carry out Enter and View visits as part of their scrutiny function. This legislation places a duty on health and social care providers to allow Authorised Representatives of Healthwatch to carry out an Enter and View visit on premises where health and social care is publicly funded and delivered. This includes:

- Health or care services which are contracted by local authorities or the NHS, such as adult social care homes and day-care centres.
- NHS Trusts
- NHS Foundation Trusts
- Local authorities

- Primary medical services, such as GPs
- Primary dental services, such as dentists
- Primary Ophthalmic services, such as opticians
- Pharmaceutical services, such as community pharmacists.

The list of service providers who have a duty to allow entry is set out in section 225 of the Local Government and Public Involvement in Health Act 2007 and supplemented by Regulation 14 of the 2013 Local Authorities regulations.

At Healthwatch Cheshire, the Enter and View programme is conducted by a small team of trained staff and volunteers, who are prepared as Authorised Representatives to carry out visits to health and social care premises to find out how they are being run and, where there are areas for improvement, to make recommendations.

Following an Enter and View visit, a formal report is published where findings of good practice and recommendations to improve the service are made. These reports, which include feedback from the service provider, are circulated to the service provider, commissioner and the CQC and are made publicly available on the Healthwatch Cheshire websites:

- www.healthwatchcheshireeast.org.uk/what-we-do/enter-and-view
- www.healthwatchcwac.org.uk/what-we-do/enter-and-view.

Purpose of the Visit

- To engage with patients of the named service and understand their experiences
- To observe patients and relatives interacting with the staff and their surroundings
- Capture the experience of patients and relatives and any ideas they may have for change
- To consider the effects of current building work on the patient experience.

Methodology

This Enter & View visit was carried out with 'Prior Notice'.

A visit with 'Prior Notice' is when the setting is aware that we will be conducting an Enter & View visit. On this occasion an exact time and date were given, as the visits were linked with the Healthwatch Accident and Emergency Watch.

This Enter and View visit was undertaken alongside an A&E Watch survey carried out by Healthwatch team members on Thursday 21st November 2024, Saturday 23rd November 2024 and Monday 25th November 2024. The Enter and View visit took place over several days with input from all Healthwatch Enter and View representatives. This report is based on their observations and conversations at the time of the visits.

A preliminary visit of the Accident and Emergency department (A&E) took place three weeks before. This was between senior members of the A&E department and senior members of Healthwatch and was to better understand the layout of the revised department and to confirm the remit of the Healthwatch team.

Ahead of writing the full report, Healthwatch requested a meeting to discuss some concerns with the Countess of Chester Senior Team. This was promptly responded to and we were given assurance a number of key actions were completed as a result. This is also shown in the Countess of Chester Hospital [A&E Watch report](#).

- Additional senior nurse leadership support allocated to the department to allow the current senior nurse to be more visible within the department and overseeing standards
- Ensuring that the matron of the day is visible on the corridor daily to oversee standards of care and practice
- We have set up workshops to discuss the feedback in more detail and clarify roles and responsibilities across the department

- Behind the bed boards have been up in all trolley spaces to improve communication and safety
- The introduction of care support worker clinics on admission to ensure risk and care needs are identified and actioned promptly
- All previous improvements implemented have been revisited to ensure fully embedded in practice

Details of Visits

Observations from the visits

Please note that comments from patients are included in a separate Countess of Chester Hospital [A&E Watch report](#).

It had previously been agreed that the Healthwatch team would not visit the resuscitation areas. Healthwatch also took advice during each visit from the nurse in charge in relation to any patients who may have mental health issues.

On our first formal visit on Thursday 21st November 2024, the Healthwatch team reported to the A&E reception desk as agreed at the previous preliminary visit. Despite making prior arrangements to ensure staff would be aware of our visits no one knew we were coming. After half an hour of waiting a senior nurse gave us a tour of the department and we were able to commence our visit.

Unfortunately, this was repeated on our two subsequent visits on Saturday afternoon and Monday morning. No staff had been made aware of our visits.

As we had deliberately arranged a pre-meeting with senior staff to ensure that hospital staff would be aware of our visits we were disappointed at this lack of communication which caused delays and the need for repeated explanations.

Daily observations

Thursday 21st November 2024 – 5pm until 8pm

- On our arrival there were six ambulances waiting with nine people in the main waiting room.
- The A&E reception waiting room was quiet, but it was significantly busier at 8pm when Healthwatch left.
- The Emergency Department management team had stated to Healthwatch that there would be a ratio of one nurse to five patients for those patients waiting on the corridor. However, there were multiple occasions where this did not appear to be the case, despite there being at least eight patients on the corridor. At times there appeared to be no nurses or healthcare staff there. Although usually at least one sometimes more.
- Vending machines were well stocked. We noted water and juice stations throughout each A&E waiting area.

Saturday 23rd November – 12pm until 3pm

- There were five ambulances waiting on our arrival.
- The main waiting room was busy but there were several free seats.
- One patient had been there for 26 hours, lying on chairs, because there was no capacity/bed.
- One patient with terminal cancer had not been offered food or drink for hours. Healthwatch raised with lead nurse and then someone came round offering hot drinks.
- Toilet in waiting room needed attention – bins overflowing – it has a floor sign saying just been cleaned but it clearly had not.
- Paediatrics was quiet, three patients in total were seen by Healthwatch. Lots of age-appropriate toys and books to play with. Television was not on.
- A tea trolley was seen going around within A&E and also in the main waiting room. However, timings of this did not seem regular.

Monday 25th November – 9am until 12pm

- There was one ambulance waiting on our arrival.
- Main waiting room looked very busy. There were two people who were in hospital gowns sitting in this area.
- In the Paediatrics waiting room and triage area there was a steady flow of patients, all of whom were triaged within five to ten minutes. From there they would either be sent to Minors/Urgent Treatment Centre or remain in Children's area to see a doctor.
- TV was on and child-friendly channel was playing.

Service and Organisation

Car parking for the Accident and Emergency department is part of the general hospital car parking. It can be a long walk to the A&E department. People we spoke to felt that parking was difficult; Healthwatch noted several people driving round and round the car parks trying to find a space. The signage and the route to the A&E Department was clear. There was building work taking place at the front of the building, but this did not restrict access.

Upon entering the A&E Department, patients book in with the receptionist and may be required to queue during busy periods. There were always two receptionists on duty during our visits. There was also a nurse in the reception area who was there to support people waiting (this was one of the recommendations in Healthwatch's previous report and included in the subsequent Countess of Chester action plan). During the visits we noted that at no time were there excessive queues. Waiting times to see the receptionist were kept to a minimum.

The Triage nurse would then assess the patient to collect more information to be able to effectively stream the patient into either A&E Majors, Minors, Urgent Care, or to offer advice.

The close proximity of others in the queue and waiting room did mean that personal information could be overheard by other patients as was

apparent when people booking in had to shout through the Reception screen to make their personal details heard. Healthwatch noted this at our previous visit.

Environment

The department was very busy each time Healthwatch visited.

We noted that on each of our visits this year there were very few people smoking outside the main A&E entrance. Previously Healthwatch noted a number of people disregarding the no smoking rule. On Thursday evening there was a very strong smell of cannabis outside the entrance which we observed the security team investigating.

Seats were very scruffy with peeling material. There were several sick bowls (empty) visible in the main waiting area on the floors and windowsills.

The department as a whole looked a little tired. People in the reception waiting area complained that the TV was too loud and that there were no visible indications of wait times. This was raised as an issue at our visit last year. The ceilings in the main waiting rooms were black and dirty around the vents.



Whilst Healthwatch were there we noted the hot drinks and sandwich trolley came around several times. We were told by a patient at approximately 2pm on the Saturday that the trolley had not been round since mid-morning.

Plastic drinks bottles on floor by bin in the main waiting room. Could there be a bin for recycling?

There was a hole in the floor by the bin in the main waiting room.



Paediatrics Department

Access to this room was restricted. The room was child-friendly and brightly decorated and toys and books were available for the children. There was also a mobile phone charger in this area. A television was showing children's cartoons on two of our visits

There were no vending machines in the department. Cold drinks were available in jugs on a small table.

The Paediatric department has three assessment cubicles.

When Healthwatch attended on Thursday evening the department was busy, less so on Saturday and quiet on Monday morning.

Majors

There are fourteen bays in Majors; one of which is a mental health room, and fifteen in Ambulatory Majors. At no time was there a single empty bed. Both areas were very busy. Majors appeared to be well staffed. During our visits there were also ambulances outside waiting to transfer patients to the Emergency Department.

Minors

There are four bays in Minors, again this was very busy.

During our visits there were between eight and ten patients being cared for in the corridor; ten being the maximum that could be cared for.

Corridor

Further observations from the corridor care included faulty ventilation covers and stains on the wall and floor next to a patient being cared for on the corridor.



One patient was positioned on her trolley in such a way as she was unable to reach the call bell in the corridor.

There were some ceiling panels with blue sky and clouds on one half of the corridor enabling softer lighting.



Corridor Care and Red Lines Toolkit: Care and Comfort section Healthwatch observations

The Red Lines Toolkit has been developed by Cheshire and Merseyside Urgent & Emergency Care Team as a clinical assessment tool for supporting patient experience for those who are cared for in non-Emergency Department (ED) areas.

The Red Lines Toolkit and Healthwatch’s observations are shown below

Corridor Care and Red Lines Toolkit: Care and Comfort section. Healthwatch response

Toolkit headings	Healthwatch
Patient Safety	Comments/Observations drawn during the visits
<p>Is the corridor staffed as per agreed safe staffing establishment?</p> <p>Healthwatch were informed there would be a ratio of 1 nurse to 5 patients.</p>	<ul style="list-style-type: none"> • On each of our visits there were at least 8 people on trolleys. Staffing levels were variable. There was usually at least one member of staff in the corridor, sometimes more.
<p>Are there any inappropriate patients being nursed on the corridor? i.e. patients with mental health conditions, dementia, delirium, learning disabilities or safe NEWS score.'</p>	<ul style="list-style-type: none"> • There were a number of people we were unable to speak to as they were asleep, or in discomfort so did not wish to speak with us • Most were elderly • One gentleman seemed confused and kept asking for his antibiotics. The nurse at the desk checked his records but no mention of dementia • One 16 year old with learning

	<p>disabilities, accompanied by a support worker, had been on the corridor for 22 hours and was finding the environment challenging</p> <ul style="list-style-type: none"> • A physically disabled woman commented on staff needing training on supporting people with disabilities. She was left in corridor and was prone to bed sores.
<p>Are medications safely stored? i.e. any evidence of medications stored insecurely, or medications left with patients.</p>	<ul style="list-style-type: none"> • One woman had her morphine tablets with her. She was waiting for the doctor to say if she could take them or not.

<p>Have patients received prescribed medications? i.e. critical medications.</p>	<ul style="list-style-type: none"> • A number said they were receiving appropriate medication. • Some were waiting for medication.
<p>Is there a call bell system in place?</p>	<ul style="list-style-type: none"> • Yes, although some patients were not near enough to the bell to reach it and others didn't know how to work it • Some had them on their beds • One said they had not been told about it but knew what it was for.
<p>Can all corridor patients be safely observed?</p>	<ul style="list-style-type: none"> • Unsure how easy it would be to observe all patients when staff were at one end of the corridor.
<p>Is there safe utilisation of space? i.e. access to patients in the event of an emergency, beds not blocking fire exits etc.</p>	<ul style="list-style-type: none"> • The areas appeared cramped and there were not any chairs for people who were with them. • Beds were spread out with enough space at one end of the corridor but at the bottom of the corridor, it was more cramped and felt a little on top of each other. • Doors at the end of the corridor nearest A&E waiting room were open against a patient on a trolley.
<p>Information Governance</p>	<p>Comments/Observations</p>
<p>Are there any confidential conversations taking place that can be easily overheard?</p>	<ul style="list-style-type: none"> • Conversations could be heard with regards to patients' conditions and treatment.
<p>Are medical and nursing notes securely stored?</p>	<ul style="list-style-type: none"> • No notes were visible.

Privacy & Dignity	Comments/Observations
Does the corridor environment appear clean and tidy?	<ul style="list-style-type: none"> • One lady's coat was on the floor • There was a spilled disposable bowl behind one of the patient's trolleys – we were unsure of the contents. This went unnoticed by several staff members until Healthwatch highlighted this • There was a single slipper and shoe left on the corridor, not appearing to belong to any patient.
Is privacy and dignity maintained during examinations/personal care?	<ul style="list-style-type: none"> • Patients indicated that it was.
Do patients have access to toilet facilities nearby?	<ul style="list-style-type: none"> • There was a toilet nearby but many of the patients were dependent on a member of staff taking them. A number of patients reported this was not always timely.
Do patients report that their personal hygiene requirements have been met?	<ul style="list-style-type: none"> • One patient commented about washing with wet wipes in the corridor and waiting for an hour to access the toilet.
Have patients been given pillows and blankets?	<ul style="list-style-type: none"> • Yes, although some blankets had fallen off patients who were unable to retrieve them.
Are patients appropriately dressed to receive corridor care?	<ul style="list-style-type: none"> • Yes. Although one woman had a bare back as her t shirt had ridden up which went unnoticed by passing staff.
Are patients' personal belongings recorded and stored securely?	<ul style="list-style-type: none"> • Patients belongings appeared to be alongside them.
Supporting Rest at Night: Does the area have the ability to dim lights overnight?	<ul style="list-style-type: none"> • One area of the corridor had ambient lighting with panels depicting the sky.

	<ul style="list-style-type: none"> • One woman said it had been bright all night and she had found it difficult to sleep.
Are patients were offered sleep packs to support rest i.e. eye mask/ear plugs?	<ul style="list-style-type: none"> • When asked people in the corridor were not aware of them.
Is intentional rounding carried out? (Intentional rounding (IR) is the structured process whereby nurses in hospitals carry out regular checks, usually hourly, with patients using a standardised protocol to address issues of positioning, pain, personal needs and placement of items).	<ul style="list-style-type: none"> • The nursing staff told us that this does occur and is documented on the system.
Nutrition & Hydration	Comments/Observations
Are staff specifically aligned to supporting nutrition and hydration?	<ul style="list-style-type: none"> • We were unable to confirm this.
Are regular hot and cold drinks offered?	<ul style="list-style-type: none"> • Healthwatch saw drinks on a trolley being offered, however were unsure how regularly this took place.
Do patients have access to a choice of both hot and cold meals?	<ul style="list-style-type: none"> • Not observed at all sessions. Most said they had sandwiches or soup.
Are patients assisted to prepare to eat and drink? i.e., safe surfaces, hand hygiene and positioning?	<ul style="list-style-type: none"> • Healthwatch did not witness this, most were eating by themselves • Healthwatch was only aware of sandwiches being offered • There were no tables or trays to eat from, had to eat from the bed.
Are drinks and food served using appropriate cutlery and cups etc?	<ul style="list-style-type: none"> • Yes from what we observed.

Communication	Comments Observations
<p>Does the department have a patient/carer information leaflet specific to receiving corridor care?</p>	<ul style="list-style-type: none"> • Staff said this could be given out but it has to be requested, therefore how would patients be aware it existed? • Healthwatch didn't see one. We were told each patient received a comfort pack with a letter of apology from the senior management. When asked no patients had seen or received one
<p>Do patients receive regular updates and understand their plan of care?</p>	<ul style="list-style-type: none"> • Not as we witnessed on our visits. Most did not know what was happening next. • A patient we spoke to had been kept updated to what was happening and was trying different dose of medication to see if it helped.
<p>If not present, are patients assisted to maintain communication with their families?</p>	<ul style="list-style-type: none"> • Could not confirm this.
<p>Visiting: Are patients, relatives/carers aware of the visiting policy within the A+E department?</p> <p>Do visitors have access to seating whilst maintaining safe access to patients?</p> <p>Are visitors aware of facilities i.e., toilets, access to food and drink?</p>	<ul style="list-style-type: none"> • There is 24 hour visiting • Healthwatch did not see a visiting policy on display • No designated family seating in corridors • There are vending machines available in the hospital • We saw two family members having to stand for very long periods • From the visitors we spoke to, there was mixed awareness of facilities. Some were in need of refreshment but unaware what

	was available.
Patient Feedback	Comments/Observations
How would you rate your experience of corridor care?	<ul style="list-style-type: none"> Please refer to patient feedback within the A&E Watch report for Countess of Chester.

Staffing

There appeared to be sufficient staff throughout all of our visits, with the exception of the corridor care.

Most patients we spoke to praised the staff. All staff we encountered were polite and all wore name badges. We observed that when interacting with patients, friends and family members, on most occasions staff were helpful, courteous, and caring. Although patients did complain about the lack of communication from the staff with regards to waiting times.

Waiting Times

It was noted that the Countess of Chester Hospital still does not put its live waiting times on the NHS A&E Live Waiting Times app. This was a recommendation of the 23/24 Healthwatch Report and is part of the Trust's action plan in response to that report, however, this has still not been implemented. When Healthwatch checked the app there were no live waiting times for the Countess of Chester Hospital.

Patients again complained that they had no idea how long their wait would be. One lady told us she had been to the toilet and missed being called through and now had to wait again. This was highlighted in last year's report and is on the hospital's action plan response. This has not yet been implemented.

Patients explained that they understood there would be a wait but could not make any arrangements to be collected when they had been seen or what to do about meals as they had no idea of the length of their wait.

Healthwatch noted that on several occasions in the main waiting room when staff came out and shouted the name of the next patient, there was no response. This meant that the patient had now missed their treatment. Patients' names were not called out loudly enough and it was hard to hear the names being shouted. A screen showing the next patient to be called would be useful in ensuring people who are hard of hearing or distracted can still know they have been called for treatment.

Recommendations

- Ensure the dignity of patients receiving corridor care is maintained
- Ensure patients receiving corridor care have easy access to call bells
- Friends and family waiting in corridors with patients should have access to chairs
- Attention should be given to the cleanliness of the department
- A screen showing the next patient to be called would be useful to ensure people who are hard of hearing or distracted can still know they have been called for treatment.
- To put live waiting times on the NHS A&E Live Waiting Times app in line with other local hospitals in Cheshire and Merseyside.
- Healthwatch noted that during our visits hot drinks were served on a trolley which was taken around the department. However, there did not appear to be a regular time when this was done. A notice displaying the approximate times that the trolley would be available would benefit the patients in the waiting areas

- Within the department we noted there were several drinks stations, available for patients to help themselves. Staff should routinely let patients know as many were unaware of this
- Patient/carer information leaflets, although available, were only given out if requested and not obviously displayed. This process should be reviewed to allow greater access
- Display local GP's opening hours and pharmacy opening hours, especially highlighting their additional opening hours at evenings and weekends to encourage patients to seek alternative advice for non-urgent treatment
- A welcome sign in different languages with information about asking for interpretation services.

To note: A system advising patients of waiting times was recommended in the 2022 and 2023 Healthwatch reports and is not yet in place. However, on our visit we were told the system is due to be implemented imminently.

What's working well?

- Staff are held in high regard by the patients
- In most cases staff are caring and compassionate towards patients
- Refreshments are made available to patients in the waiting rooms

Service Provider Response

Healthwatch response- Countess of Chester Hospital - February 2025

The Countess of Chester NHS Foundation Trust would like to thank Healthwatch Cheshire West for their visit, in November 2024.

Ahead of receiving the full report, we met with Healthwatch, and we are grateful to them for the opportunity to respond to the concerns raised following their visit. We welcome the contribution that Healthwatch makes to enabling improvements for our patients and look forward to welcoming them back to see the progress made since this visit.

We were very pleased to see the positive feedback received from patients attending our Same Day Emergency Care Department (SDEC).

Within the Emergency Department (ED), additional senior nursing support has enabled increased visibility to oversee standards of care. The recently introduced matron of the day role ensures visible leadership and oversight of care standards with a focus across the temporary escalation spaces, improving care and comfort.

As a result of the Healthwatch visit and feedback, the ED improvement plan has been reviewed and further strengthened. There are some key priority areas of work underway with nursing handover processes and safety huddles both of which are being improved and strengthened.

Since the visit there have been patient experience and environmental improvements delivered:

- Additional lockers, tables and drip stands have been delivered and are in use across the department
- Additional jugs and cups have been purchased
- Food / serving trays are available for use by patients on trolleys within temporary escalation spaces
- A hydration and nutrition service review has taken place and there has been changes made to the provision of meals and snacks, which are now chosen on the day, equivalent to the service provided across our wards
- Improvements have been made to snacks, drinks and meals provided within the waiting room

- A mealtime co-ordinator is in place daily
- A review of cleaning hours within the department has taken place, these have been increased, with additional domestic staff now in place
- A 5S quality improvement programme has started to support the clinical team with a tidier and more organised environment
- The tannoy system provides information to patients regarding waiting times and how to contact a member of staff if their condition changes
- Further work is on-going to ensure communication is improved for patients who are hard of hearing or whose first language is not English
- The environmental issues identified during the visit have all been resolved.

We look forward to welcoming Healthwatch again in the future, where they will see the improvements made since the last visit.

Jane Tomkinson
Chief Executive
Countess of Chester Hospital NHS Foundation Trust.